

ODOT PUBLIC RECORDS REQUEST

Please read [instructions](http://www.oregon.gov/ODOT/Forms/20DOT/0489_instr.pdf) (http://www.oregon.gov/ODOT/Forms/20DOT/0489_instr.pdf) before completing and submitting this request. This form works best if you save it to your computer before completing.

Section A – Requester information

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|--|--|--|--------------------|----------------------------------|
| NAME OF REQUESTING PARTY Mackenzie Farkus | | REPRESENTING (GROUP OR ORGANIZATION) MuckRock News | | REQUEST DATE 4/25/2019 |
| MAILING ADDRESS MuckRock NewsDEPT MR 72223, 411A Highland Ave | | CITY Somerville | STATE MA | ZIP 02144 |
| PHONE 617-299-1832 | EMAIL ADDRESS 72223-12565132@requests.muckrock.com | | | |

Section B – Record(s) requested

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| DESCRIPTION OF RECORDS REQUESTED To Whom It May Concern: Pursuant to the Oregon Public Records Law, I hereby request the following records: All materials on or related to Gender X driver's licenses and state IDs. This includes, but is not limited to, the following records: ?Emails containing the keywords "Gender X," "non-specified," "transgender," "intersex," "Two-Spirit," "gender identity," and "sexual identification" from the first issuance date of Gender X driver's licenses and state IDs ?Marketing materials such as brochures, pamphlets, cards, etc. ?Any policy directives, guidance documents, memorandum, training materials, or similar records ?Revenue made off of Gender X driver's licenses and state IDs, and/or the total number of people with Gender X driver's licenses and state IDs The requested documents will be made available to the general public, and this request is not being made for commercial purposes. In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not. Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 10 business days. Sincerely, Mackenzie Farkus |
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Section C – Receiving record(s), certification

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| CERTIFICATION Media | PREFERRED METHOD OF RECEIPT Digital via email | PICK UP LOCATION (IF APPLICABLE) |
| AREA(S) OF ODOT CONTACTED REGARDING THIS REQUEST | | |

Submitting this form:

Submit by email: Save completed form. Attach completed form to an email addressed to ODOTPRR@odot.state.or.us

Submit by fax: (503) 986-4025

Submit in person or by mail: ODOT Records Officer, Business Services Branch MS 51, 355 Capitol St. NE, Salem, OR 97301

To request a public-interest waiver or reduction of fees, complete the Fee Waiver or Reduction Request below.

| ODOT OFFICE USE ONLY | | | | |
|----------------------|------------------------|----------------------------|-------------------|-------------------|
| ESTIMATE AMOUNT | DATE ESTIMATE PROVIDED | DATE AUTHORIZED TO PROCEED | REQUEST WITHDRAWN | REQUEST COMPLETED |
| ACTUAL COST | PAYMENT RECEIVED | MISCELLANEOUS BILLING DATE | COMPLETED BY | COMPLETED BY |
| COMMENTS | | | | |

PUBLIC INTEREST FEE WAIVER OR FEE REDUCTION REQUEST

The Oregon Department of Transportation requires that a requesting party fill out this form completely.

| | | | | |
|---|--|--|--------------------|----------------------------------|
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| MAILING ADDRESS MuckRock NewsDEPT MR 72223, 411A Highland Ave | | CITY Somerville | STATE MA | ZIP 02144 |
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Please complete the following questions. (If additional space needed, add another sheet and specify question number.):

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| 1. Specific documents requested: |
| 2. General background/mission information regarding requesting individual/group/organization as this information relates to public record requests from the The Oregon Department of Transportation: |
| 3. Purpose for which the requesting party intends to use the information/records requested: |
| 4. Specific ability (and plans) of requesting party to disseminate the information to the general public: |
| 5. Explain how dissemination of the records/information requested will benefit the general public: |
| 6. Any other information that requesting party feels would be valuable in evaluating fee waiver/reduction request: |

Submitting this form:

Mail to: ODOT Records Officer MS 51, 355 Capitol Street NE, Salem, OR 97301

Email to: ODOTPRR@odot.state.or.us (Click Submit by Email button above to send completed request.)

Fax to: (503) 986-4025